



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ PAD002811644

INSTALLATION ADDRESS

FARRELL, ROBERT FOREMAN
NORRISTOWN WHOLESALE PROD
PO BOX 148 CONSHOHOCKEN RD
NORRISTOWN PA 19404

CONSHOHOCKEN RD
NORRISTOWN PA 19404

Please refer to the **Instructions for Filing Notification** before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Hazardous Waste Activity

United States Environmental Protection Agency
Washington, DC 20460

Comments

[illegible]

Installation's EPA ID Number										Approved			Date Received (yr. mo. day)								
C F	PAD	0	0	2	8	1	1	6	4	Y	T/A	C									
												1									

Northtown Wholesale Prod

Street or P.O. Box

PO	Box	148	Conus	hohocken	Rd
----	-----	-----	-------	----------	----

City or Town															State	ZIP Code				
2	0	0	1	5	T	o	w	n							P	1	9	4	0	4

Street or Route Number

0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City or Town													State	ZIP Code	
6	N	O	R	R	I	S	T	O	W	N				PA	19404

Name and Title (last, first, and job title)

3	F	A	r	r	e	l	l	R	o	b	e	r	t	F	o	r	e	7	1	5	2	7	2	8	4	7	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Name of Institution's Legal Owner[illegible]

A. Hazardous Waste Activity

<input type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storage/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo. <div style="text-align: center; font-size: 2em; font-family: cursive;">091</div> <div style="text-align: center; font-size: 1.5em; font-family: cursive;">montgomery</div>	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketing for On site Burner Who First Claimed the Oil Meets the Specification
--	---	---

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustor which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (<i>complete item C</i>)	<table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <thead> <tr> <th colspan="10" style="text-align: center; padding: 2px;">C. Installation's EPA ID Number</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	C. Installation's EPA ID Number																			
C. Installation's EPA ID Number																					

C

T/A/C

W

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F002	2 D001	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

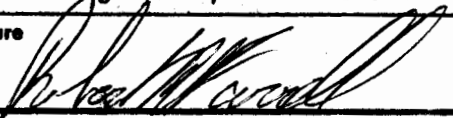
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxic
(D004)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



Robert T. Farrell Foreman

2/15/89